



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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OLYMPIA, WA

MAR 14 2007

PUBLIC EMPLOYMENT
RELATIONS COMMISSIONPETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION☐ Amended Petition in Case - E -

Instructions: Other side of this form (page 2) Applicable Rules: Chapters 10-08, 391-08, and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER Washington Dept. of Fish and Wildlife
CONTACT PERSON Cindy Lerch
ADDRESS 600 Capitol Way N.
CITY, STATE, ZIP Olympia, WA 98501-1091
TELEPHONE (360) 902-2276 ext.
FAX (360) 902-2392
E-MAIL lerchgi@dfw.wa.gov

ATTORNEY OR REPRESENTATIVE
ADDRESS
TELEPHONE ext.
FAX
E-MAIL

2. PETITIONER Teamsters Local 252
CONTACT PERSON Rick Engelhart
ADDRESS 119 1/2 N. Capitol Way
CITY, STATE, ZIP Olympia, WA 98501-1018
TELEPHONE (360) 943-1950 ext. 149
FAX (360) 754-7844
E-MAIL rick252@teamsters252.org

ATTORNEY OR REPRESENTATIVE
ADDRESS
TELEPHONE ext.
FAX
E-MAIL

3. INCUMBENT BARGAINING REPRESENTATIVE *Indicate one.*
☒ The employees involved are not currently represented for bargaining; OR ☐ The employees involved are currently represented by the organization below:
ORGANIZATION
CONTACT PERSON
ADDRESS
CITY, STATE, ZIP
TELEPHONE ext.
FAX
E-MAIL

ATTORNEY OR REPRESENTATIVE
ADDRESS
CITY, STATE, ZIP
TELEPHONE ext.
FAX
E-MAIL

4. COLLECTIVE BARGAINING AGREEMENT *Indicate one.*
☒ The parties have never had a contract; OR ☐ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

5. SHOWING OF INTEREST *A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.*

BARGAINING UNIT	EMPLOYER'S PRINCIPAL BUSINESS	DEPARTMENT OR DIVISION INVOLVED	NUMBER OF EMPLOYEES IN UNIT
	State Agency	Enforcement Program Headquarters	App. 9

DESCRIPTION OF UNIT *Indicate inclusions, exclusions, contract page or case/decision number.*
 Include: All regular full-time and part-time Secretary Administrative, Customer Service Specialist's 1-4, Supply Control Technician, Equipment Technicians 1-5.

Exclude: All WMS employees.

7. DESIGNATION OF REQUEST *Indicate one.*
☒ **RECOGNITION REQUEST.** The petitioner requests certification as exclusive bargaining representative of the bargaining unit.
☐ **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.
☐ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.

☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.
☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS *Indicate, if applicable.*

☐ Additional information is set forth on separate sheets of paper attached to this petition

9. AUTHORIZED SIGNATURE FOR PETITIONER

PRINT NAME Rick Engelhart **TITLE** Organzier
SIGNATURE  **DATE** 3/14/07